

The Commonwealth of Massachusetts Department of Industrial Accidents

600 WASHINGTON STREET
BOSTON, MA 02111



John Chapman
Commissioner

GRANT APPLICATION
FISCAL YEAR 2007
JULY 1, 2006 - JUNE 30, 2007
FOR
**OCCUPATIONAL SAFETY AND HEALTH
EDUCATION AND TRAINING PROGRAM**

ISSUED BY:
THE COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF INDUSTRIAL ACCIDENTS
OFFICE OF SAFETY

APPLICATION DEADLINE: March 21, 2006 2:00 PM EST

The Department of Industrial Accidents' (DIA) Office of Safety (OS) is the only State agency in the Commonwealth of Massachusetts whose primary function is to provide financial assistance for the prevention of occupational injury, illness and death in the workplace.

The prevention of occupational injury and illness is in everyone's best interest. This Grant entitled, "**Occupational Safety and Health Education and Training Program**" is issued under the provisions of the Massachusetts General Law, Chapter 23E, Section 3, and administered by the DIA's OS. The goal of this program is to promote safe and healthy conditions in the workplace through training, education, and other preventive programs, for employees and employers covered by the Massachusetts Workers' Compensation Law, (MGL Ch. 152).

This grant is charged with establishing and supervising programs for the education and training of employees and employers in the recognition, avoidance, and prevention of unsafe or unhealthy working conditions in employment, and advising employees and employers on these issues. To fulfill this mandate the DIA will award funds to qualified applicants based on a competitive process.

The DIA will fund programs which target education/training programs for employees and/or employers of industries operating within the Commonwealth of Massachusetts and whose entire staff, including consultants, are covered by the Massachusetts Workers' Compensation Law (M.G.L. Chapter 152).

Please review this Application carefully as **many requirements have changed**. Please pay particular attention to specific budgetary requirements.

INSTRUCTIONS FOR WRITING AND SUBMITTING APPLICATIONS

Give a brief summary and description of your organization, not to exceed one (1) paragraph. Be sure to state how long your organization has been established and the number of employees.

Provide a statement verifying that the target audience is covered by the Massachusetts Workers' Compensation Law (M.G.L., Chapter 152) (Attachment E).

Provide proposing organization's workers' compensation Certificate of Insurance (M.G.L., Chapter 152) (Attachment E).

Provide proposing organization's supportive staff (i.e. consultants) current workers' compensation insurance coverage (i.e. a copy of the Certificate of Insurance).

Describe the occupational safety and health problem of the target audience. Statistics should be as current as possible. Applicants should be company specific and should not provide a national scope. Identify and describe the targeted occupation(s) and industry(ies) designated for this education/training program. Identify whether the training is new training or retraining for employees. Include specific information regarding workplaces, workers, and occupation categories (SIC Codes).

Identify the proposed number of participants to be educated/trained, the number of training sessions, actual hours of training per participant, anticipated number of participants per session, the number of instructors to be present for each session, training locations, and length of time per session.

Outline the curriculum, and provide a description of written materials, handouts, audiovisuals, etc., to be used. **Do not attach samples of materials and/or handouts.** Describe the training and educational activities, along with the type and technique(s) that will be utilized (e.g. train-the-trainer, lecture, hands-on training, participatory exercises, actual demonstrations, slides, videos, etc.). **All applicants are required to propose a minimum of two (2) hours of training per participant.** If the program is defined as the train-the-trainer model, **participants are required to present at least one (1) hour supervised/evaluated training session** as part of their training. Explain how and when this will occur and who will be involved.

Provide evidence that the participants (or their representatives) agree to participate in a post evaluation survey/questionnaire to be submitted by the end of the grant period and another report within a year of the completion of the training. If either report is not submitted the organization will be ineligible for DIA grant monies for five (5) years.

Develop a timetable for program events using the format provided.

Provide letter(s) of commitment from target audience representative(s) involved and the number of expected participants. If programs are scheduled to occur during regular work hours, a letter of commitment from the employer is required. If it is a unionized workforce, a letter of commitment is needed from the union and the employer.

Describe and provide evidence as to how the proposed program design contains a component for continuing education or training services beyond completion of the program/contract, such as Train the Trainer.

Describe your plan for measuring the amount of learning which has occurred as a result of the training/education program.

Provide resume, job descriptions, certifications and licenses for each staff person and consultant identified for the training team.

FORMAT

The Applicant must submit one (1) original application, **(signed and dated in BLUE ink)**, to the DIA and four (4) copies. Attachments F-K need not be included in the copies. Both the original and copies should be submitted on recycled paper. The application should be single sided, typewritten (including application cover sheet and budget) and double-spaced on plain white paper with a minimum 12-point font size. All pages of the narrative should be numbered. The narrative **must** be clear, concise, and specific in identifying the program's purpose and objectives. The length of the narrative **must not exceed 5 pages**, excluding forms and required attachments. Ensure Applications are securely bound with a staple or binder clip only. Elaborate packaging, binders, etc. are not recommended.

Applications **must** be received by the Department of Industrial Accidents prior to **March 21, 2006, 2:00pm EST.** at the following address.

Department of Industrial Accidents
Office of Safety
600 Washington Street 7th Floor
Boston, Massachusetts 02111
Attn: Gayann Wilkinson

Faxed or electronic submissions will not be accepted.

REFERENCES CITED

Include appropriate references for cited data/factual material and research method(s) utilized to document and support the occupational safety and/or health problems of the target audience (i.e. specific workplace information, lost workday statistics, OSHA logs, workers' compensation data). List literature and citations at the end of the application. Each referenced material should include the title, names of all authors, book or journal, volume number, page numbers, and year of publication. Make every attempt to be judicious in compiling a relevant and current list of references; it should not exceed one (1) page.

PROGRAM BUDGET

Provide a **complete and itemized budget plan**, include the names of all staff, consultants and trainers providing services. Detailed information should be listed on the Budget Summary **and** Narrative page. The budget Narrative is a **DETAILED written** description of how each line item in the Budget Summary will be utilized. Comprehensive detail is expected for this section. **If the Budget Narrative or Budget Summary are not included or not completed in this format, the grant will not be considered for funding.**

Administrative costs will be limited to seven (7) percent of total grant award.

When listing training hours, a maximum of one half hour (total, per class) for one instructor may be included for set-up and breakdown of materials if needed.

All costs associated with this program must be identified by category on the attached Budget Summary. Use as many forms as needed. Do not create a different form.

Budgets should be developed with a projected start date of July 1, 2006 or after. All costs associated with this budget section will be concluded on or before June 30, 2007.

Instructor(s) compensation must be listed as **hourly wage(s)**. An hour can only be divided into fifteen minute periods (.25 hours) when calculating number of units required for the project. If an instructor is teaching multiple courses, do not breakdown by topic in the Budget Summary; that should be described in the Budget Narrative.

Payment may not be listed on a per student basis.

Specify educational materials to be purchased. Do not group items together in either budget section.

Training fees will be capped at \$75 (hr) for instructors and \$125 (hr) for doctor(s).

List all in-kind contributions on the In-Kind Budget Summary page only.

Monies awarded under this grant may only be used for programs that provide education/training for audiences with occupational health and/or safety issues.

Prior written approval must be received from the OS when requesting budget changes such as, spending money in different areas or requesting a staff change. The request must be made in writing, a copy of the old and new budget, and the resume of the new staff member must be included. No budget changes will be accepted after May 1st.

MONIES AWARDED UNDER THIS GRANT CANNOT BE USED FOR THE FOLLOWING:

Programs for employees/employers **not** covered by the Massachusetts Workers' Compensation Law including students. If you are exempt from Workers' Compensation (e.g. sole proprietorship) a letter stating why must be included in the application.

Programs that retrain employees previously trained by DIA grants on the same topic

Organization(s) will not be eligible for DIA OS Grants two years in a row.

Fringe benefits /Travel expenses

Costs incurred prior to contract approval

Programs that solely support research or evaluative activities

Training/education of a target audience which does not directly address the recognition, avoidance and prevention of unsafe and unhealthy working conditions and practices

Programs primarily intended to promote membership in the recipient organization

Training programs that use DIA funds to pay participants or for recruitment

Program development and customization costs

Programs to develop educational materials only

Office space, conference room rentals, utilities, communications, equipment, software and overhead expenses

Copying and postage costs

Refreshments/meals

Reimbursement for holidays, sick days, or lunch periods

All of the above expenses may be listed as in-kind contributions.

Grants will be limited to one grant per entity regardless of size

DIA Grants will not exceed \$25,000.00. **Grants will not be awarded until funds have been made available to the DIA for the purposes described herein.** The DIA is not required to award the maximum.

REIMBURSEMENT FOR ALL APPLICANTS SELECTED FOR FUNDING

Reimbursement for all program costs will be made in compliance with the Commonwealth of Massachusetts Payment Voucher system. **Payment vouchers must include supporting documentation for all costs associated with the approved contract (e.g., # of participants trained, time sheets, receipts, proof of payment etc.).** Advanced funding is not permitted. **Payment vouchers with supporting documentation must be submitted by the 15th of the following month (example: due November 15th for service in October).** Failure to comply may result in the **delay or nonpayment** of expenses, or termination of the grant.

PROGRAM INTERVIEW

Based on the above criteria and the availability of funding, the Application Selection Committee may interview competitive applicants for clarification purposes only.

During the interview, applicants will be asked questions that apply specifically to their program or are otherwise relevant to their Application.

PERFORMANCE MEASUREMENTS

Funded programs may be subject to an audit by the State Auditor's Office or authorized officials of the Commonwealth of Massachusetts. All books, records, and other compilations of data pertaining to the performance of the provisions and requirements of the contract to the extent and in such detail as shall properly substantiate claims for payment under the contract, must be maintained for a minimum of 7 years.

All published material, including without limitation, report, manuals, pamphlet, articles, etc., prepared by selected applicants with DIA funds shall be created as a work for hire for the purposes of 17 U.S.C., Sections 101 et seq., and the DIA shall be the sole author and owner of the copyright. The selected applicant may distribute the materials subject to a nontransferable, nonexclusive, revocable license. Any reproduction for distribution of these materials must prominently display on the front cover or in the beginning credits **"This (fact sheet, manual, video, etc.) was funded by the Massachusetts Department of Industrial Accidents, Office of Safety. Copyright ©2006 by the Commonwealth of Massachusetts, Department of Industrial Accidents. The opinions and views expressed herein do not necessarily reflect those of the Massachusetts Department of Industrial Accidents. No reproduction or other use is authorized for this material without the express written approval of the DIA."**

All programs selected for funding will be required to administer an evaluation/questionnaire, designed by the vendor, for each participant to complete.

All programs selected for funding will be required to provide the OS the name, telephone number, email address, and street address of the **point of contact** for each target audience representative.

The OS will monitor all funded programs to ensure contractual compliance. The OS must be notified **in writing 10 days prior to** any scheduled training. If the OS does not receive this information before training is scheduled, the **vendor may not be reimbursed** for associated costs. The OS must receive 24 hours notice of a cancelled class.

Requirements for completing a **Final Report** will be sent to each Vendor prior to the conclusion of the contract. Final reimbursement of administrative costs is contingent upon receipt of the Final Report and an exit interview. **A copy of all educational materials purchased or developed with DIA funds must be provided to the DIA as a part of the Final Report.**

The OS may institute additional reporting requirements. All Vendors will be notified of any changes to the reporting requirements.

Prepare and submit the application according to the following outline:

Application Cover Sheet- All questions **must** be answered
Table of Contents
Scope of Services/Narrative and Budget Narrative
Attachment A: Project Timeline
Attachment B: Program Budget Summary
Attachment C: Key Personnel (job descriptions and resumes)
Attachment D: Letters of Commitment
Attachment E: Workers' Compensation Coverage for applicant company and all consultants
Attachment F: *Affirmative Action Commitment Statement
Attachment G: *Verification of Taxation Reporting Information Form
Attachment H: *Contractor Authorized Signature Verification Form
Attachment I: *Standard Contract Form
Attachment J: *Commonwealth Terms & Condition Form
Attachment K: *Northern Ireland Notice and Certification Form

If one of the required criterion listed above is not addressed the Application may be ineligible for evaluation and deemed non-responsive.

* These forms are attainable, **on the OSD Forms page located within the Key Resources menu in the lower left-hand panel of OSD's home page at www.mass.gov/osd. These forms MUST be signed and dated in BLUE INK.**

PROJECTED TIME LINE

Application Release: November 4, 2005

Attendance to the following conference is highly recommended for any person or organization submitting an Application. The vendor's conference will be held on:

January 10, 2006 10:00 AM
Department of Industrial Accidents Lawrence Office
160 Winthrop Avenue
Rt. 114 (Stadium Plaza)
Lawrence, MA 01040
(978) 683-6420

Application Deadline: March 21, 2006 2:00 PM EST.

The following dates are subject to change:

Interview (for clarification purposes only):	April 17-21, 2006
Awards Announced:	May 10, 2006
Program Start-up:	July 1, 2006

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF INDUSTRIAL ACCIDENTS
OFFICE OF SAFETY
OCCUPATIONAL SAFETY AND HEALTH TRAINING AND EDUCATION PROGRAM

GRANT APPLICATION COVER SHEET
ALL QUESTIONS **MUST** BE COMPLETED AND TYPEWRITTEN

1. Applicant Organization, Address & Phone Number

2. Title of Grant

3. Project Objectives(s) and Goals

4. Has your organization ever received or is it currently using DIA grant money?

5. Is your organization currently receiving any other funds from the Commonwealth?

6. Has your organization had a contract with the Commonwealth in the past two years?

7. Does your organization have a standing Safety Committee or Safety Programs and if so, how much money does your organization contribute to it annually?

8. If your company does not currently have a Safety Committee, are there plans to start one?

9. Category please check all that apply:

☐ Public Employer

☐ Private Employer

☐ Trade Association

☐ Other, specify: _____

☐ Joint Labor/Management Committee

☐ Labor Organization/Federation

☐ Non-profit Organization

10. Demographics
Total Employees

____ Employees ____ Employers ____ Supervisors
(Number) (Number) (Number)

Total to be Trained

____ Employees ____ Employers ____ Supervisors
(Number) (Number) (Number)

Women to be Trained

____ Employees ____ Employers ____ Supervisors
(Number) (Number) (Number)

Minorities to be Trained

____ Employees ____ Employers ____ Supervisors
(Number) (Number) (Number)

11. Hazards to Be Addressed In Application please check all that apply

___ General/All OSHA	___ Injury Prevention	___ Carcinogens
___ Asbestos	___ Ergonomics	___ Stress
___ Lead Hazards	___ Fire/Electrical	___ Toxins
___ Right-To-Know/Hazard Communication	___ CTD's	
___ Other _____		

12. Location of Target Population (Check Areas That Apply)

___ Statewide	___ Boston	___ Lawrence
___ Fall River	___ Worcester	___ Springfield

13. Justification for State Funds

14. Names, title, address and phone number of Program Administrator:

15. Total Amount Requested

16. Total In-Kind Contribution made by Applicant

Authorization and Signature of Applicant:

I, the designated official, hereby certify that the above Program Administrator is authorized to submit the following application and to negotiate on behalf of the sponsoring organization. I also certify that, if selected for funding, this program will be operated in accordance with the Office of Safety's Program guidelines and the requirements specified to by the contractual agreement which will be executed by the Department of Industrial Accidents.

Signature of Official Title Date .

**DEPARTMENT OF INDUSTRIAL ACCIDENTS
OFFICE OF SAFETY
OCCUPATIONAL SAFETY AND HEALTH TRAINING AND EDUCATION PROGRAM**

<i>MONTH</i>	<i>ACTIVITY</i>
<i>JULY</i>	
<i>AUGUST</i>	
<i>SEPTEMBER</i>	
<i>OCTOBER</i>	
<i>NOVEMBER</i>	
<i>DECEMBER</i>	
<i>JANUARY</i>	
<i>FEBRUARY</i>	
<i>MARCH</i>	
<i>APRIL</i>	
<i>MAY</i>	
<i>JUNE</i>	

Budget Summary

Contract Expenditures	Hourly/ Unit Rate	Number of Hours	TOTAL
MAXIMUM OBLIGATION			

In-Kind Budget Summary

Contract Expenditures	Hourly/ Unit Rate	Number of Hours	TOTAL

Follow up Report (1 year later)

-
1. Has there been any continuation of training since the conclusion of the grant period? If so how many employees have been trained?

 2. How many employees have been retrained since the conclusion of the grant period?

 3. How many injuries on the grant topic have been reported since the end of the grant period?

 4. How many lost days on the grant topic have been reported since the end of the grant period?

 5. How many injuries on the grant topic or lost days have been reported by employees who received training with grant funding?

 6. If the training involved life saving techniques (CPR, Heimlech Maneuver, etc.) have any lives been saved since the end of the grant?

 7. Has your organization set up a Safety Committee as a result of this grant?

 8. How much does your organization spend on its Safety Committee and Safety Programs?